

KENTUCKY COUNCIL ON DEVELOPMENTAL DISABILITIES



CONSUMER INVOLVEMENT FUND 2008-2009

What is the Consumer Involvement Fund?

The Kentucky Council on Developmental Disabilities has a limited pool of funds are made available as financial assistance for advocates in the developmental disabilities field to participate in conferences and short-term educational programs. The Council provides this support as a method of capacity building for Kentucky.

Through participation in regional and national conferences, Kentucky advocates can share information about local initiatives, and learn from their counterparts in other communities. We believe this exchange helps us grow and work smarter on behalf of persons with developmental disabilities.

If you attend a conference or educational program with Council support, we expect two things in return. First, that you'll provide a report to the Council describing what you've learned and shared during the program and how the information applies to meeting the needs of individual with disabilities in Kentucky. Second, that you'll be a resource person to whom we can refer other citizens who contact the Council seeking information about the topic of the program you attended.

You may apply for assistance to attend conferences or educational programs or advocacy by making a written request. Include the conference brochure, dates, and location, along with the amount you are paying and the amount of your request. Enclose a copy of the conference brochure. Council travel policy complies with Kentucky State Travel Regulations.

If you need assistance developing a request, or if you would like further information, please call (502) 564-7842 or toll free at 1-877-367-5332.

Who Can Apply to the Consumer Involvement Fund?

The Consumer Involvement Fund is designed to assist persons with disabilities, their family members and their guardians.

In order to receive funding from the Consumer Involvement Fund, an applicant must be:

- A person with a developmental disability;
- An immediate family member of a person with a developmental disability (parent, sibling or child); or
- The guardian for a person with a developmental disability.

Consumer Involvement Fund Travel Policy

ALL TRAVEL REQUESTS MUST BE MADE IN WRITING TO THE COUNCIL. You must submit the following:

- **COVER LETTER:** Explain to the Council why you want to attend the particular event, how you think it will be beneficial to you, and how you will use the information in the future;
- **CONFERENCE BROCHURE:** This brochure should contain the sponsor's name, the dates and times of the conference, the hotel information where you will be staying (listing the room rate and hotel's phone number) and any conference registration fees. If there is not an official brochure, or if all information is not included on the brochure, call the Council staff and they will work with you to get the pertinent information.
- **APPLICATION FORM:** Complete the Consumer Involvement Fund application.
- **BUDGET SHEET:** Complete the budget sheet on page 4. If you are traveling with another individual and sharing cost, request only your portion of the cost.

THE COUNCIL'S CONSUMER INVOLVEMENT FUND COMMITTEE APPROVES ALL REQUESTS FOR TRAVEL. All approved requests are referred to the Council staff for processing. This involves obtaining necessary state approvals and forwarding to the Cabinet for Family and Health Services travel section for payment.

REQUESTS FOR IN STATE CONFERENCES/TRAININGS MUST BE SUBMITTED AT LEAST 4 WEEKS AHEAD OF REQUESTED TRAVEL DATE. REQUESTS WHICH INCLUDE AIR TRAVEL OR OUT-OF-STATE TRAVEL MUST BE SUBMITTED AT LEAST EIGHT (8) WEEKS AHEAD OF REQUESTED TRAVEL DATES. Be sure to include dates of travel in your request, include travel dates (departure and return. If you must leave the day before a conference that date must be included in the travel request. If a date has been left off the request, you will not be reimbursed for that day. Due to high air travel rates the Council will reimburse for a 21-day advance ticket only. Obviously, there is some room for exception but, generally, conferences are publicized well enough in advance that the Council should never have to pay a premium price for airline tickets. The Council will take the expense of the flight into consideration before approval of travel request. State approval for out-of-state travel is a lengthy process, so plan ahead. **These timelines will be strictly adhered to.**

ALONG WITH THESE REQUIREMENTS THERE ARE SOME VERY IMPORTANT POLICIES WITH WHICH THE COUNCIL AND THE TRAVELER MUST ABIDE:

- The Council will consider travel requests 1 time per fiscal year (July to July), not to exceed \$773 (this amount changes every July to reflect the state pay raise) per person or \$1,500 for a family (2 or more individuals). Personal Care Attendant and Respite is excluded and separate from total amount. Funds will be obligated at the annual meeting and will be allocated quarterly.
1. You must pay all expenses you encounter up-front. This includes registration, airline ticket airport parking, local transportation, hotel accommodations, meals and respite or attendant care. If you are not able to provide these up-front costs, you may look for a third party to whom you can assign

your travel claim, but this requires much preparation, so plan accordingly. The Council cannot be direct billed for any Consumer Involvement Fund costs.

- Per Diem costs are calculated on a daily basis. In-state and out-of-state meals will be reimbursed up to the following amounts: Breakfast \$7.00, Lunch \$8.00, Dinner \$15.00 for standard rate areas, and high rate areas will be reimbursed at \$8.00, \$9.00, and \$19.00 respectively (this includes gratuity). Deductions will be made for conference-sponsored meals (except continental breakfast) whether you eat them or not. If meals provided at the conference are an additional fee, you can choose whether or not to “participate” in that meal plan. Please check with Council Staff regarding areas that qualify for high rates.
- Upon your return, you will be asked to return the signed travel form with proof of registration, original hotel receipt showing a zero balance due, original airplane ticket stubs, and all original, itemized receipts for expenses over \$10. All claims for payment must be made within 60 days of end date of the conference. Failure to provide request within the 60 days will result in forfeiting of reimbursement claim to KCDD.
- You will also be sent an outcome form along with your travel reimbursement form. **You must complete this form and return it to the Council along with your travel reimbursement form in order to receive payment.** The outcome form will ask questions such as: How was conference training beneficial and what did you do or plan to do as a result of the training in the area of advocacy in the future? Failure to provide full response may result in being denied from future use of the Consumer Involvement Fund.
- Upon receipt, staff will date all requests and they will be considered in order of date received. In the event that a large number of persons apply for a single conference, the travel coordinator will work with all applicants to determine a way to sponsor as many people as possible by assigning roommates to reduce hotel costs, or applicants could carpool to an event to reduce mileage costs.
- Application for multiple members of a family will be considered as a special request. All family members must demonstrate a legitimate reason for attending the conference (e.g., an assistive technology conference at which a child too young to travel alone would be able to test individual pieces of equipment). Attendance of multiple family members may preclude other parties from the Council stipend, so please plan carefully. **Family reimbursement will be limited to \$1,500.**
- It is the intent of the Council to fund partial costs of all necessary expenses related to attending a conference or meeting. In other words, the Council requires that persons wishing to receive a Council stipend for travel secure partial funding from other sources such as other state agencies, private foundations, public and private service agencies, an employer, or his or her own funds.
- Once you receive approval for funds it is your responsibility to notify the Council should you choose not to utilize the funds. This must be done in a timely manner. Failure to provide notifies to the Council could result in being denied future use of the Consumer Involvement fund.

CONSUMER INVOLVEMENT FUND BUDGET SHEET

NAME:		DATE OF CONFERENCE:		
CONFERENCE TITLE:				
	Total Proposed Budget (include all items needed)	Other Sources of Funding (who else and how much)	TOTAL \$ AMOUNT Requested from KCDD	KCDD USE ONLY
Registration:	\$	\$	\$	
Transportation: Airfare				
Auto (\$0.50 changes quarterly)				
Ground Transportation: (to and from airport)				
Hotel Accommodations: Single ____ Double ____ Sharing ____ Rate \$ ____ How Many Nights: ____				
Meals: Requires a receipt B ____ B ____ B ____ L ____ L ____ L ____ D ____ D ____ D ____				
Attendant Care/Respite Rate \$ ____ Total Hours ____				
Other				
TOTALS				

If you need assistance to complete this form, please call 1-877-FOR-KCDD.

Total amount requested from KCDD: \$ _____

Signature: _____ Date: _____

NOTE: A copy of the official conference brochure, including registration materials, must be attached.

CONSUMER INVOLVEMENT FUND Application Form

Name_____Date_____

Address_____

City_____State_____Zip_____

Phone_____Social Security #_____

Fax_____E-mail _____

Check one: _____I am a person with a developmental disability;
_____I am an immediate family member of a person with a developmental disability;
_____I am the guardian of a person with a developmental disability.

Age of person with developmental disability_____

Title of program/conference you are seeking funds to attend: _____

_____Dates _____Location_____

Occasionally, reimbursement documents are not signed upon returning. When this occurs, the documents have to be returned to the consumer, which results in holding up the reimbursement. In order to receive your reimbursement as quickly as possible, please check whether you give Council staff authority to sign documents on your behalf.

- ☐ Yes, I give signature authority to Council staff
- ☐ No, I do not give signature authority to Council staff.

Complete the Application Form and Budget Sheet and submit along with your cover letter and a conference brochure with registration materials to: Carol Ann Wray, Kentucky Council on Developmental Disabilities, 100 Fair Oaks Lane, 4EF, Frankfort, KY 40621-0001, (877) 367-5332 or (502) 564-7842 E-mail: carol.wray@ky.gov

This form may also be accessed on our website: www.kcdd.ky.gov